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## CHAMPVA POLICY MANUAL

CHAPTER: 2  
SECTION: 13.10  
TITLE: **STANDBY CHARGES**

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**AUTHORITY:** 38 CFR 17.270(a) and 17.272(a)

**RELATED AUTHORITY:** 32 CFR 199.4(c)(2)

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### I. EFFECTIVE DATE

February 14, 1984

### II. DESCRIPTION

A standby charge is a charge made by an individual provider to cover the expenses involved in maintaining a ready or available status in the event the services the provider has to offer may be required.

### III. POLICY

Separate reimbursement for standby charges may not be considered for coverage since no service is actually rendered during a standby situation. Standby services are considered part of the routine institutional services and, as such, should be included in the institutional charge.

### IV. POLICY CONSIDERATIONS

A. The services of a pediatric physician during a delivery are not considered standby services. Reimbursement may be made for the services of a pediatric physician having the qualifications necessary to resuscitate newborn infants, who is physically present during:

1. delivery by caesarean section; or for
2. vaginal delivery when there is a reasonable expectation of fetal distress.

B. Reimbursement may be made for a situations in which the immediate medical or surgical backup of a standby provider become necessary, **that is**, the standby provider actually performs a service. In these cases, reimbursement is for the actual service rendered, not for the fact the provider was standing by.

C. Claims for services meeting **the criteria outlined in** A or B above must include a statement from the standby provider(s) which:

1. documents the situation and the services rendered by the standby provider(s); and
2. provides the name and address of the attending physician.

**\*END OF POLICY\***